

**FILED**

JAN 26 2010

Administrative Office of the Courts
BY *[Signature]*

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING

DECEMBER 31, 20 09

RECEIVED

FEB 01 2010

GENERAL INFORMATION

1. Name CAMILLE VECCHIARELLI COMMISSION ON ETHICS
2. Title JUSTICE OF THE PEACE
3. Mailing address P.O. BOX 1448
DAYTON, NV 89403
4. Length of residence in Nevada 40 YEARS
5. County in which you are registered to vote LYON
6. Length of residence in the county in which you are registered to vote _____

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

Date	Nature and Place of Activity	Name of Payor	Amount
<u>JAN-DEC 2008</u>	<u>WEDDINGS</u>	<u>SEE ATTACHED</u>	<u>405⁰⁰</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

Source of Income	Recipient
<u>WAGES/SALARY</u>	<u>CAMILLE VECCHIARELLI</u>
<u>WAGES/SALARY/UNEMPLOYMENT</u>	<u>RUSSELL HARRIS</u>
<u>RENTAL INCOME</u>	<u>CAMILLE VECCHIARELLI</u>
<u>CHILD SUPPORT</u>	<u>CAMILLE VECCHIARELLI</u>

WEDDING LOG 2009

DATE	GROOM/BRIDE	FEE PAID	STATE FEE
2-07-09	MEADOWS/FAIRFIELD	WAIVED	\$5.00
3-25-09	MORENO/RIVERA	\$45.00	\$5.00
4-26-09	ALLDREDGE/VANDENBERG	\$45.00	\$5.00
5-14-09	RAMER/SPAIN	WAIVED	\$5.00
6-25-09	CARON/CARON RENEWAL OF VOWS	\$45.00	\$5.00
7-11-09	SIGEARO/ROUNDY	\$45.00	\$5.00
7-13-09	COOKERY/TARDIE	\$45.00	\$5.00
7-18-09	MADRILES/HEIMERMAN	\$45.00	\$5.00
8-14-09	MYERS/RALSTON	\$45.00	\$5.00
9-11-09	TRIPLETT/HAYS	\$45.00	\$5.00
9-14-09	GAUNT/WILLIAMS	\$45.00	\$5.00

GIFTS, BEQUESTS, FAVORS, OR LOANS

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially* Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

<i>Date</i>	<i>Name and Place of Gift</i>	<i>Name of Donor</i>	<i>Amount</i>
<u>N/A</u>			

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

<u>1-22-10</u> Date	 Signature
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File this form with the State Court Administrator.

Deliver or mail to:

**State Court Administrator
Administrative Office of the Courts
201 S. Carson Street, Suite 250
Carson City, Nevada 89701-4702**

Telephone: (775) 684-1700